

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042818

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED DEC 2 1963

1. PLACE OF DEATH

a. COUNTY

Barton.

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Lamar

Length of stay in 1b

6 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Barton

c. CITY
OR TOWN

Golden City

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Wolfs Boarding Home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

R. 1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

CLYDE

Middle

ORA

Last

WELSH

4. DATE
OF DEATH

Month

November 25, 1963

Day

Year

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
4-30-18909. AGE (last birthday)
73IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer10b. KIND OF BUSINESS OR INDUSTRY
Air Craft Rot.11. BIRTHPLACE (City and state or country)
Jerico Springs, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

George Franklin Welsh

13b. MOTHER'S MAIDEN NAME

Dorotha Duncan

14. NAME OF HUSBAND OR WIFE

Mildred Welsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of)

Yes

NO.

17. INFORMANT

Address

Mrs. W. R. Harris, Golden City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic pyelitis & kidney insufficiency

INTERVAL BETWEEN
ONSET AND DEATH

3wks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

Dec. 1958

to 11-24-63

and last saw him alive on 11-23-63

7:05 A. M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edmond Guldner, M.D.

22b. ADDRESS

1103 Broadway, Lamar, Mo.

22c. DATE SIGNED

11-26-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

11-26-1963

23c. NAME OF CEMETERY OR CREMATORY

Greenfield Cemetery

23d. LOCATION (City, town, or county)

1 1/2 Miles SW Jerico Spgs. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bruce-Konantz Funeral Home, Lamar, Mo.

25. DATE RECD. BY LOCAL REG.

11-27-1963

26. REGISTRAR'S SIGNATURE

Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10061

20060

3

4 0

5 2

6

7 0

8 2

9 6000

10

11

12 91-0

13 20

DEC 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, MD.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.